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EPIDEMIC ERYSIPELATOUS FEVER.—NO. I.

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This disease has been known by several names—as *Erysipelas, the Black Tongue, Cold Plague, the Rose, St. Anthony's Fire*, &c. But, after Sydenham, I choose to call it Erysipelatous Fever under all its apparent dissimilar forms.

Indeed, in its epidemic form it is always an exanthem. It is an idiopathic pyrexia, being as truly an exanthematic disease as pestis, rosalia or rubeola. Like the other exanthems, it has its peculiar characteristics. In its mode of attack, its natural duration, its local congestive tendency, it exhibits its exanthematic relationship. Chills, fever, and local affections or erythema, are essential traits of character in genuine epidemic erysipelatous pyrexias. After a chill of a greater or less severity, ensue febrility, succeeded by erythema of some portion of the skin and tumefaction of the subjacent tissue, or some internal organ becomes implicated. The same train of constitutional phenomena occur in pestis, rosalia and the like, differing only in severity and in the specific character and place of the local affection—each ultimately manifesting its specific character by the local affection.

Sydenham informs us that the chills, or shivering, and subsequent feverish heat of erysipelas, so nearly resemble the accession of the plague, that it has been mistaken for that disease. The difference, he remarks, consists in the greater violence of the latter. This may have been the fact, but the writer can hardly imagine more violent chills and succeeding heat than he has witnessed in some cases during the incipient stage of erysipelatous fever. This complaint, like others occurring epidemically, has usually greater severity than when it is sporadic. The same facts have been observed in the yellow fever, cholera, &c.

On the invasion of erysipelatous fever, ordinarily in the course of one, two or three days the local affection will be manifested. Sometimes, however, it may linger till the eighth or even the ninth day. In some other instances this local disease seems to appear simultaneously with the febrile accession. Indeed, in its recent extensive prevalence in this vicinity, at the onset it was generally discoverable on the pharynx and tonsils. In two cases, under my observation, it at first fixed on the larynx, and destroyed life in each within forty-eight hours. Death was produced, apparently, as in empresma *laryngitis.* In other instances its location would be the tongue, which would become enormously swollen and extremely painful. None of this character, which have fallen under my observation, have assumed that lividity which characterizes the *black tongue.* Several such instances occurred in the practice of Dr. J. Rice, of Bridport, and Drs. Haile and Goodrich, of Crown Point, N. Y.

If, however, this local affection happen on the surface, it is always an erythema—having the specific character of what is usually denominated *erysipelas,* or erysipelatous inflammation. This occurrence may be regarded as merely a symptom of the disease. It is an event resulting from the preceding febrile action. Some of my medical friends, who have had much experience in epidemic erysipelas, regard it as occurring only when the preceding treatment has not been sufficiently energetic. Such are the views entertained by my experienced friend, Dr. Adin Hall, of New Haven. It is evident that the violence of the local disease, in common cases, is much influenced by the previous constitutional management. Certainly, its tendency to suppuration or gangrene is essentially affected by the early medication. Although the local affection may be regarded as a pathognomonic symptom, this circumstance does not in the least diminish its importance. So far from this, in fact almost the whole event of the disease depends on the place of its location. It was early observed by Hippocrates, that when it appeared externally, and could be kept on the surface, little or no danger was to apprehended from its appearance. The truth of this position has been verified by the observations of the most experienced men subsequently, as Sydenham, Boerhaave, Van Swieten, and those of the present day. Drs. Hall and Dexter inform us that where it prevailed so extensively in the northern section of Vermont and New Hampshire, last season, " when the manifestations were external and the inflammation of the skin did not recede, there was little or no danger to be apprehended." (Vid. American Journal of Medical Sciences, No 13, 1844.) In each of the extensive and severe epidemics which the writer has witnessed, if the local affection manifested itself on a vital or internal organ, or tissue, either primarily or by metastasis, the most serious consequences were to be apprehended. In fact, it is evident that the event of the complaint mainly depends, other circumstances being equal, in these cases of erysipelatous fever, upon the importance of the part in the animal economy on which the local affection may occur. During these epidemic periods, the local manifestations are probably as often primarily seated on an internal organ as an external organ. Hence, under these circumstances the true character of the disease is only to be ascertained by the severity of the chill, ensuing heat, and the kind of diseases prevailing. I have rarely seen, at the onset, the location on the brain ; it has occurred frequently on the respiratory organs, and on the abdominal viscera. An irritation or lesion of a part will often fix the location. Two cases, which terminated fatally, had their location in the head, from a wound of the scalp ; one on the intestines, from a lesion caused by inguinal hernia. The process of parturition peculiarly adapts the uterus and its peritoneal invelope for such an invasion. Hence, results the gloomy fact at these times, that women in this condition are extremely liable to erysipelatous puerperal peritonitis, which is generally fatal. Even the irritation of the *fœtus in utero* has sometimes produced the disease previous to accouchment, and accelerated this event. During the epidemic of 1826, I had cases of this description, and my friends, Wm. Bass, M.D. and Edward Tudor, M.D., had several that they regarded of this character. And in the late epidemic of 1842, Dr. Tudor saw one case in which the infant at birth had erysipelatous inflammation. The mother and child both recovered. JONATHAN A. ALLEN.

Middlebury, Vt., Jan. 31, 1844.

PHRENO-MAGNETISM.—NO. IV.

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CONSCIOUSNESS informs us of the existence of sensations, thoughts, desires and volitions. Our personal existence is an inference, the first one indeed that is drawn from any one or all the facts of consciousness, but does not lie immediately under consciousness itself. I think, therefore I am, said Descartes—a proposition which, though often ridiculed, still holds good among metaphysicians. That there are real existences without, which are the causes of our sensations and the objects of our desires, is another inference, made subsequent to the first, and like it not possessed of that degree of certainty that attends the facts of consciousness. That we may err in making the first of these inferences, will be thought by some to be rendered possible by the phenomena of double consciousness. But that we may err in making the latter, is rendered still more probable by the every-day occurrence of perceptions, desires and volitions in dreams, without their corresponding objects. "For whilst I know [says Locke], by seeing or hearing, &c., that there is some corporeal being without me, the object of that sensation; I do *more certainly* know, that there is some spiritual being within me that sees and hears." The evidence, therefore, for the existence of an agent, an entity, or being, which says I, in man, is greater to his mind than the evidence for any other existence, and must always take precedence of that which is derived from observation.

When, therefore, man, in his own voluntary motions, recognizes but the reactions of this personal agent on the sensations it experiences, whether immediate, as in the case of emotional or instinctive impulses, and habits; or more or less remote, as when the judgment interposes and modifies volitions; he is irresistibly led to attribute similar motions and acts in other beings, to the same principle. And, moreover, since he recognizes a vast difference in the nature and bearings of his actions, according as he yields to the first impulses of his sensations, or awaits the suggestions of reason and conscience, before he acts, he is disposed to refer whatever differences he may observe in the movements of other animals to the operation of the same modifying causes.

Nor will he be inclined to stop with this explanation of the phenomena of animal life. If in the laws which regulate the phenomena of vegetative life he continues to recognize coincidences with the attributes of this personal agent, these coincidences will be referred to an identity of substance between the energy that reveals itself there and the above agent, unless other facts discountenance the supposition.

Such is the instinctive tendency of the human mind. And no physiologist, who, by reasoning grounded on facts drawn from external observation alone, refers the operations of life to properties of matter, can expect a general assent to his doctrines, without first either proving that this vital agent is non-existent, or without diverting attention from it by throwing a mask over the facts, which consciousness interposes between his own facts and the conclusions which he draws from them.

The doctrine of a vital principle, to explain the vegetative functions of a nervous power, and of a soul superadded to it to account for the higher animal functions, as distinct entities, in addition to the chemical and physical properties of matter; as well as the doctrine that matter acquires new properties in the act of organization, must be alike regarded as gratuitous assumptions, admitting that they serve to generalize the phenomena. For they assume that, of the existence of which there is no proof. But such is not the case with the doctrine which superadds to the common properties of matter nothing but that energy which reveals itself in the consciousness of man. For this assumes nothing which is not known to exist. Of the *mode* of that existence there is room for speculation. Whether both it and matter are modifications of the same common substance, or whether they exist only as phenomena, are questions which philosophical schools may discuss, without affecting the belief of mankind, either in their own existence as free moral agents, or in that of the external world.

These discussions, however, must be allowed to prove that comparatively little is known of the nature of the mind, of the manner in which it is united with the body, and of the mode in which that association is dissevered. And while such is the fact, it is far more philosophical to refer a phenomenon to some undiscovered mode of its activity, than to imagine a property of matter out of the range of those laws, the observation of the phenomena of which, gave origin to the name and idea of matter itself. For instance, it is not reasonable to conclude, because a polypus when divided becomes two or more animals, that the power of doing so is a property of that substance; or because, after all voluntary motion has ceased in an animal, mechanical irritation of a nerve will produce contraction of a muscle, that therefore contractility is a property inherent in muscle. For we neither know how one becomes many in the process of reproduction, whether by offsets, buds, or germs, nor can we know that the mind is dis-associated from the body in all its departments as soon as the circulation ceases. Such, it would seem, are the obvious conclusions of reason from facts acknowledged by all writers on physiology.

These conclusions are also favored by the considerations which an attentive examination of the anatomy of the human body suggests. On the same principle by which we infer that nothing is formed in vain, we must suppose that there is a reason why every tissue is formed precisely in the way it is formed, and in no other way. There is a reason why nerve is formed in that peculiar way which distinguishes it from all other tissues; a reason why muscle is formed like muscle, and like nothing else; a reason why bone is formed like itself, and so on. Now this reason is undoubtedly to give, by such and such a mode of formation, a property which, constructed differently, it would not possess. In the case of bone, we are also able to recognize, as the reason of its formation, the production of the physical quality of firmness and solidity, and it is natural by analogy to extend the same conclusion to the rest, viz., that it is for the production of some *physical* quality which otherwise they would not possess, that the chemical and mechanical arrangement of every tissue is as it is. And in the instance of muscle, though we cannot perceive any adaptation to the power of contractility, we can perceive in the flexibility of its fibres, united with strong cohesion, physical qualities adapted to make that power easy of application, and effective in result. So, also, in nerve, though we cannot perceive an adaptation to the property of sensibility, there are physical qualities, in the slight degree of cohesion among its particles, depending on their chemical composition and arrangement, which, we may well conceive, favor the reception and propagation of material impulses. And if we may conceive of a vital principle as forming and so disposing of their elements for a specific purpose, it is certainly more logical to suppose that it does it in order to avail itself of the new physical properties which they acquire, when so formed and disposed, than to superadd to them properties out of the range of all analogy of the laws of matter or mind. Moreover, in the combination of these primary physical properties, in the attachment of muscle to bone, of nerve to muscle, there is an adaptation to produce a physical result, on the application of a power which by no means grows out of that combination, but which consciousness reveals to us as belonging to the mind. Again, the combination of tissues into organs, as well as apparatuses, is manifestly on the principle of assisting, by mechanical laws, the operations of the mind. What other effect can the eye be supposed to have, than that of modifying and concentrating the rays of light, according to the laws of optics, on the retina? Or what does the ear, but concentrate vibrations, according to the laws of acoustics, on the auditory nerve? And if, in both cases, mechanical impulses alone strike the nerves, what reason is there to suppose that the nerves have any other property than the physical one of being affected differently by the different classes of impulses? As to the other organs of sense, if they cannot be proved to be mere mechanical arrangements, it is because their structure is not sufficiently mathematical to allow of comparison with mechanical laws. The same remark is also true of the large vital organs, and the organs of circulation, secretion, &c. As far as mechanical laws can be applied to them, their structure corresponds with the principle, that mechanical effect was the reason of their being constructed precisely as they are constructed. From the valves of the veins, to the auricles and ventricles of the heart, to the elasticity of the arteries, to the large surfaces produced by the convolutions of the brain, and the intestines, this truth is everywhere suggested. The great phrenological principle, that size is a measure of power, is a mechanical principle; and, so far as it is true, goes to confirm the supposition that the brain assists the operation of the mind by some mechanical effect it produces.

To those who may consider these objections to the doctrine of properties superadded to the common properties of matter, as of little weight, in consequence of their *a priori* character, it is sufficient to observe, that the doctrine in question is also the result of *a priori* reasoning. It is the consequence of a disposition, engendered by the mind's being more conversant with material objects than with the phenomena of life, to extend the conclusions which it forms in the former department of nature, over the latter, in the vain hope of attaining the same simplicity and certainty. This is the whole foundation on which it rests, and this disposition has been especially strengthened by the progress which has been made of late in the physical and chemical sciences. If, however, it can be made evident that from the moment life commences, a series of facts begin to appear, bearing no conceivable relation to those laws which we ascribe to matter, and at the same time matter is employed to develope mechanical and chemical powers, we have not the least reason to assign to it anything more than its wonted office. And if the new series of facts are found to bear a relation to a system of laws revealed to us from another source, but which point to a real, substantial existence, with greater evidence than to a phenomenal existence, with at least equal evidence as do the laws of matter themselves; nothing short of an absolute demonstration of the impossibility of reducing them to this last series of laws, will justify the physiologist in imagining the existence of new and unusual properties of matter, or new entities other than those which are revealed by observation and consciousness.

But there are objections of a direct character to the doctrine of properties, which must, to an unprejudiced mind, appear decisive of the question. The first of these is that inconsistency or violation of the analogy of nature, which it necessitates, of assigning to the same anatomical structure a number of different specific properties. Hence the nervous system has as many distinct offices as there are parts of the body to which it is distributed. And the gross exaggeration which phrenology makes of the principle, scarcely seems to have suggested to physiologists the idea of calling it in question. Even the valuable work of Copland abounds with references to the ganglionic system of nerves, as presiding over more functions and performing more offices than Hygeia herself.

A second objection is founded on the fact, that effects take place in the human body which cannot be referred to these properties, numerous as they are—effects which in some instances follow the development of the organism, and in others are reactions on the organism produced in an inconceivable, if not contradictory, manner, if the manifestations of life are to be considered as the results of properties of matter. On these, however, it is not my purpose to dwell at present. At some future time, I shall give some examples, from a late work on Human Physiology, which has attracted some attention from the peculiar ability with which the author supports his views.

NOTE.—It is contended, that allowing all phenomena are ultimately dependent on mind, a general intelligence, or soul of the world, it is still proper to treat of vital manifestations as properties superadded to matter, by organization, in the same way as we speak of physical ones which in the end are dependent on the same power. Such an idea is, however, hardly worth a moment's consideration. It is like a man's saying that because a polygon, with an infinite number of sides, may be supposed equal to the circle which it circumscribes, a square may also be supposed equal to the circle which it contains. The difference between the two cases is too great to admit of the application of the same mode of reasoning. His properties of matter organized, would become, like the ancient cycles, mere arbitrary definitions, framed to cover the phenomena, and would deviate more and more, as we ascend the scale of being, from the truth as it exists in nature, while they would keep him forever revolving in a circle, his definitions describing the phenomena, and the phenomena answering to the descriptions. If in the study of inorganic nature it is allowable to refer phenomena to *properties* of matter, it is because the errors thence arising are so small as scarcely to affect the result.

SUCCESSFUL OPERATION FOR STRANGULATED FEMORAL HERNIA, WITH TWO SACS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Surgeons of great celebrity and experience in their profession, of every age and country, tell us that hernia is necessarily a dangerous malady, since at any time, and under every condition, violent exercise of body, the act of coughing, sneezing, &c., may bring it from a perfectly innocent state into a situation which frequently proves fatal. It affects indiscriminately persons of both sexes, of all ages, conditions and occupations. The ordinary harmless nature of hernial protrusions increases the patient's risk, by averting suspicion, and leading him from day to day to neglect the means of relief and security. Although a visible external tumor exists, in most instances, it is not a universal symptom. When we consider this state of things, peculiar to our nature, and the numerous situations of the body in which rupture may take place, the disorders with which they may be confounded, the different states in which their contents exist, and the minute anatomical and pathological knowledge necessary for understanding thoroughly these several conditions, and for performing the operations required under various circumstances, a peculiar importance attaches to the subject, and it requires to be studied with anxious interest by every practitioner of medicine and surgery who has at heart the life and welfare of his patient.

The following case of *strangulated femoral hernia*, which recently came under my notice, verifies fully the above truths, and is not without interest. Mrs. L., aged 62 years, quite fleshy, but of strong, robust constitution, had been for the last three years subject to femoral hernia of left side, but was able to go without any external support. On Monday, the 7th Jan., 1844, after violent exercise from coughing, she found that the slight swelling formed by the hernia had much increased in size, and resisted her repeated attempts, in the horizontal position, to reduce it. Being ignorant of the danger which threatened her, she remained in this situation, with complete constipation of the bowels, twenty-four hours. Tuesday, the 8th, she felt severe pain in the tumor and in the abdomen, which was soon followed by sickness and vomiting. In this situation Dr. J. W. Warren was called in, who for some time tried the taxis, but ineffectually; in consequence of which, all the usual remedies in such cases, cathartics, enemas, &c., were prescribed, but with little or no relief to the patient. She continued in this situation, with gradual increase of nausea and vomiting, until Thursday, 12 o'clock, Jan. 10th, when I was called, and requested by Dr. W. to take charge of the case. I found, on examination, a tumor, situated deep in the left groin, extending a little outwards and upwards over Poupart's ligament, towards the ilium, with the long axis parallel to the crural arch. It felt hard, but elastic, and quite tender on pressure; in consequence of which, the patient was bled freely, to prevent inflammation and gangrene of the strangulated parts. After reducing the arterial excitement by the usual remedies resorted to in similar cases, in conjunction with the tobacco enema, and thereby bringing the whole system under its influence, by producing faintness, relaxation of muscles, &c., the taxis was again tried, in hopes of effecting the reduction of the hernial protrusion. The swelling became apparently lessened, but did not entirely disappear. The general necessary precautions, concerning the position of the patient, rotating the thigh inwards, bending it, and carrying it across the opposite limb, so as to relax completely the abdominal muscles, fascia lata of the thigh, &c., were carefully observed. On the following morning, Friday, the 11th, I found, upon examination of the parts, that the swelling in the groin had resumed its former magnitude and tension; that it was very tender to the touch, as also was the abdomen; that patient had hiccough, nausea, stercoraceous vomiting, complete constipation of bowels, which latter difficulty had existed from the commencement of the attack; cold sweat, and general sinking of all the vital powers. It was now too late to lose time in further attempts at relief, before giving her the advantage of an operation. She was placed upon a table, and the operation performed thus—assisted by Dr. J. W. Warren.

The first incision was commenced an inch and a half above the crural ring, towards the umbilicus, and extended obliquely downwards and outwards to the inner and lower part of the swelling, as recommended by Lawrence, in order to reach more directly the strictured or strangulated parts, and thus gain more room for executing that part of the operation, which in most cases is rendered peculiarly difficult (in fleshy persons) from the great depth at which the stricture is situated. A second incision was then made, of about two and a half inches in extent, at right angles with the first incision, and joining it at the lower part. The angular flaps thus formed were dissected up, and reflected, including the fascia superficialis. The covering, formed by the sheath of the femoral vessels and fascia propria, was distinctly brought into view. These were then pinched up with the forceps and carefully opened, by a transverse cut, so as to admit the director. The incision was extended with the probe-pointed bistoury, thus freely laying bare the hernial sac (after dissecting through a thin layer of adipose substance), which was also raised between the thumb and forefinger, and divided with a horizontal cut, making an opening sufficient to allow the passage of the director, upon which the sac was further divided upwards and downwards. This part, to our astonishment, proved to be a sacculated process, or protuberance of the peritoneal covering, containing from three to four ounces of dark-colored serum, situated upon or anterior to the intestinal protrusion. This sac, or process, was found, on close examination, to have no communication with the true hernial sac (which was situated beneath) or with the peritoneal cavity of the abdomen. It seemed to be shut up, or closed by adhesions. On cutting through its posterior wall, which was now deemed necessary, in order to expose the true hernial sac, with its strangulated parts, a convolution of intestine from five to six inches in extent, of a deep reddish or brick color, presented itself to view. A small quantity of dark serum was discharged, on laying open this latter sac, but not so much as from the first sac.

Passing the finger gently into the sac, in front of the intestine, I felt resistance at the anterior edge of the crural arch, or Poupart's ligament. The knife was introduced upon the finger (the strangulated bowel carefully pushed to one side, and protected from injury), the thin anterior edge of the ligament divided directly upwards, together with the neck of the hernial sac. But on making slight pressure, in order to return into the abdominal cavity the strictured intestine, it was found to be closely bound down by the posterior edge of the crural arch, and fascia transversalis, which being now divided, after introducing the director under it, obliquely upwards towards the umbilicus, the stricture at the mouth of the sac was removed, and the bowel examined, and carefully returned. In order to prevent the further descent of the bowel, after recovery from the operation, and thereby to effect a radical cure, I removed the whole of the thickened and indurated peritoneal sac or sacs, with the scalpel, down to the first stricture, or anterior edge of Poupart's ligament. The wound being sponged dry and the bleeding entirely arrested, the edges were brought together, and secured by sutures and adhesive straps; the patient was removed to bed, and an enema administered, which operated freely in a short time; the bowels were thus relieved of their accumulation and consequent distension. The vomiting, which had been kept up during four days, ceased as soon as the stricture was removed. The patient recovered rapidly, the wound mostly healed by the first intention, and she is now (four weeks from the operation) able to walk about house, without any apparent necessity for artificial support to the parts implicated.

The existence of two distinct sacs, in a strangulated hernia, as in the present case, is seldom met with; but when found, they usually create considerable embarrassment to the operator, in consequence of which he may be led to suppose that he has laid open the true sac, and exposed the strangulated intestine, while it is still covered, as in the present case, by a thickened peritoneal partition. M. Chevalier mentions, in his Medico-Chirurgical Transactions, Vol. IV., two cases of a similar kind, in which the sac containing the intestine was included within another sac, into which it had descended, so as completely to fill the aperture, to which it firmly adhered. Dupuytren also met with a similar case. See Breschet, *Considerations, &c., sur la Hernie Femorale.* "On opening the hernial sac, a spoonful of fluid escaped, and a substance resembling intestine presented itself. This was soon found to be another hernial sac, contained within the former; it was opened with great care, when about the same quantity of fluid escaped, and a portion of omentum and intestine were discovered." G. HEATON.

Boston, February, 1844.

EPIDEMIC SCARLATINA IN DUBLIN.

[AN account of the epidemic of scarlatina which prevailed in Dublin from 1834 to 1842 inclusive, by Dr. Kennedy, one of the medical officers of St. Thomas's Dispensary, has lately been published. From a notice of the work in the British and Foreign Medical Review, we copy the following.]

It appears from the account given by Dr. Graves, that scarlatina in Dublin was seldom attended with danger until the year 1831, when a remarkable alteration began to be observed in its character; its previous inflammatory type was replaced by a concealed insidious form of fever, attended with great debility. It now, too, often terminated fatally, and began to extend much more rapidly and universally than before. Neither the state of the weather, nor the abode of the patient, seemed to have any influence in modifying its character or diminishing its prevalence. It is to a description of this epidemic that Dr. Kennedy's little work is devoted, which, in spite of all its defects, is evidently the work of an honest, diligent, and truthful observer. In the simply malignant form, the eruption usually faded much after death; but in some cases in which it had not appeared until late in the disease, it went on rapidly increasing until death, "and continued to do so for a considerable time after, till at last the body in many parts become black, and taken as a whole was of a very dark color. In these cases great swelling took place after death, and the signs of decomposition set in very early."—(p. 3.) Vibices and petechiæ were present in many instances, and a lividity of the extremities as great as in patients who have died of cholera. In many of those parts, too, where the body had been exposed to pressure, the integuments were found in a state of slough, which, however, seldom extended for any great distance. The cerebral substance was usually injected, and the ventricles contained fluid. Sometimes, too, there was an appearance of extravasation of blood beneath the arachnoid, such as is occasionally met with in typhus ſever. Usually the appearances ſound in the brain aſter death, were in exact proportion to the severity of the cerebral symptoms during the lifetime of the patient. The lungs were ſound highly congested, and oſten broke down very easily; the bronchi were loaded with ſrothy serum, and their mucous membrane was much congested. The heart was loaded with black blood, petechiæ were sometimes present on its surface, and its texture was occasionally soſtened. The blood was usually thin and watery. Congestion in patches, of the different abdominal viscera, was all that was ſound even in cases where during liſe the abdominal symptoms had been most striking.

The second, or complicated malignant ſorm of the disease, was characterised by the severity of the affection of the throat, which sometimes came on when the ſever was at its height, but quite as oſten aſter convalescence had begun. It generally proceeded very rapidly, and usually affected both sides of the neck, rendering the integuments extremely hard, sometimes reaching down to the pectoral muscle, and attended with great swelling, which subsided very rapidly aſter death. Serum or pus was ſound infiltrated into the cellular tissue; sometimes the pus was collected into one large abscess, or ſormed a number of little ones. In all these cases there was a great tendency to sloughing; and when that took place the lymphatic glands sometimes suppurated, and even the upper part of the sterno-mastoid muscle became disorganized. In three instances of this kind the patients bled to death, owing to the vessels of the neck giving way, and in two of these cases the jugular vein was ascertained to have been the source of the hemorrhage. There was another ſorm of swelling about the neck, caused by the effusion of the lymph only, which attained a large size very rapidly, was attended with no discoloration of the skin, but with extreme hardness of the integuments, and showed no disposition to suppurate. It does not appear that sloughing of the mucous membrane of the throat was the cause of death in any instance, but diphtheritis seems not to have been an unusual complication, and œdema of the glottis proved ſatal in some instances.

"Both of these ſorms of disease were ſound accompanied by ulcerations varying in extent and number—thus there was very constantly one in the upper part of either tonsil; its edges were irregular, and its depth usually very considerable. I also ſound ulcers in a very distinct ſorm, about the chordæ vocales; here, also, they were deep, but of a more circular ſorm, and about the size of a grain of large shot; in one instance the alæ of the thyroid cartilage had become diseased."

Among the sequelæ of the disease Dr. Kennedy notices some ſorms of wry-neck, which he believes take their origin ſrom the affection of the throat and neck we have just described. He distinguishes three varieties of it.

Inflammation and suppuration of the internal ear, purulent effusion into some of the joints, or the ſormation of abscesses in the soſt parts of the extremities, were other sequelæ of the disease. Pneumonia, too, was by no means unusual, and was but seldom associated with pleurisy; which statement, if quite correct, constitutes an exception to what is usually the case. The kidneys were generally quite healthy, and this even in cases where the presence of albumen in the urine during the lifetime of the patient might have led to the expectation that they would be found diseased. Sometimes, however, the kidneys were greatly congested, and thrice they presented the appearances characteristic of Bright's disease.

In the second chapter Dr. Kennedy describes the symptoms of the disease, which varied so much in different cases that he considered it would be impossible to arrange them under the usual heads of scarlatina simplex, anginosa, or maligna. He states, that many cases which began with the most alarming symptoms, ran a very mild course; while in other instances the opposite of this was observed. In default of any attempt at classification by Dr. Kennedy, we are glad to be able to borrow from Dr. Graves's account of the epidemic, who states that the severer cases assumed one of three forms. In those cases which he refers to the first form, besides fever, sore throat and headache, there were violent congestion of the brain and determination of blood to the head, giving rise at a very early period to convulsions and apoplectic coma. The second form was marked, in addition to the ordinary symptoms of the disease, by a severe headache, which existed from its very commencement; by pain in the back, and very great irritability of the stomach and bowels. This irritable state of the abdominal viscera depended on cerebral congestion, and resembled that form which accompanies and sometimes masks the progress of acute hydrocephalus. Dr. Graves found this variety of scarlatina extremely dangerous and very little under the power of remedial agents. Some cases, too, put on the third form, and ran a very insidious course. The patients advanced favorably, with comparatively mild symptoms, till the eighth or ninth day; when an exacerbation of fever occurred, with the return of sore throat, which speedily rendered deglutition difficult or almost impossible. Great swelling of the parotid and submaxillary glands now came on, and often surrounded the neck as with a collar; while a diphtheritic formation occurred in the mouth and extended into the pharynx. Fever, of a typhoid character, attended the local symptoms; and death took place after being preceded, for the most part, by some hours of distressing restlessness.

But to return to the description of the different symptoms by Dr. Kennedy. It appears that, in the greater number of cases, the attack of the disease was very sudden; sickness, vomiting and dizziness occurring quite instantaneously in persons apparently in perfect health; or occasionally sore throat would come on just as suddenly. After these symptoms, which were generally attended with more or less marked pyrexia, had lasted for a few hours, a general condition of collapse, with great depression and phenomena like those of the cold stage of severe remittents, came on, and lasted for from two to five hours, when re-action took place, and all the more prominent symptoms of the fever supervened. Among these symptoms were sore throat, which, in a more or less severe form, was never wanting; though by no means always attended with pain. In some cases, indeed, a very serious degree of sore throat was found to exist without the patient having made any complaint about it. In addition, too, to the more common form of sore throat, a variety was sometimes met with characterized by an aphthous condition of the mucous membrane; or, in other instances, the uvula was so infiltrated with serum as to acquire an enormous size. In those cases in which a false membrane existed on the tonsils, velum, or back of the throat, death took place more speedily than under other circumstances. Sloughy ulcerations of the tonsils were of very frequent occurrence, and were often attended with hemorrhage from the mouth, though never to such an extent as to prove fatal. Such ulcers often continued unhealed for many months after the subsidence of the other symptoms; a circumstance to which Dr. Kennedy attributes the long persistence, in many instances, of the contagious properties of scarlatina.

The date of the appearance of the eruption varied very much. In the great majority of cases, indeed, it showed itself within the first twenty-four hours; but sometimes an interval of two or three days elapsed between the occurrence of the first symptoms and the appearance of the eruption. It remained out from three to five days, and assumed a much darker color before its disappearance than it presented at its outbreak. It was succeeded by desquamation; between the extent of which, however, and the extent and intensity of the eruption, there did not seem to be any connection. The character of the eruption varied greatly; sometimes it was intermixed with an eruption of a miliary character; but the presence of that did not betoken anything serious. It was to be regarded as an occurrence of a much graver import when a second crop of eruption appeared twenty-four hours after the first. It usually showed a greater intensity than the first eruption, but receded after having remained out only a few hours. The eruption varied also very much in the extent of surface that it affected, and sometimes it shifted rapidly from place to place, an irregularity always of evil omen.

The eye was affected in various ways, to which Dr. Kennedy attaches considerable importance in a semeiological respect. In cases where there was delirium, more or less injection of the sclerotica existed, which was very different from the ordinary suffusion of the eye met with in typhus fever. It was unattended with intolerance of light, but was a bad sign which, in fatal cases, went on increasing until death. In most of these cases the pupil was contracted; but another condition of it was by no means unusual, that of perpetual oscillation wholly independent of the quantity of light falling on it, "the iris, as it were, gave the impression that it was in a state of nervous tremor, sharing in this respect with the nervous system in the same patient." This was also a bad sign.

The danger of the case was usually proportioned to the rapidity of the pulse. During the period of collapse, the pulse was usually weak and indistinct; rising in the course of eight or twelve hours to 120 or 130, and gaining in fulness. It then grew gradually weaker till about the fourth day, when, if the patients did well, it usually increased in tone and vigor, and diminished in frequency. Extreme feebleness of pulse was a very bad sign, and an attendant on the worst cases.

We pass over the sixty pages occupied with the detail of cases, and come to Dr. Kennedy's remarks on the treatment of the affection. He usually began with the administration of an emetic, but on account of the tendency to diarrhœa, did not employ either antimony or ipecacuanha for this purpose, but mustard mixed with water. In cases, too, when there was a very high degree of fever and increased restlessness, he was accustomed to repeat the vomit, and with very good effect, for he has seen its employment followed by general calming of the system, and even by sleep. Cold and tepid ablutions, and cold affusion to the head, were frequently practised, the former moderating the heat of skin, the latter checking some of the more violent forms of maniacal excitement, which were by no means of rare occurrence. General bleeding was hardly ever admissible, and even local depletion required to be practised with much caution. Stimulants were very often employed, but there was nothing peculiar either in those he selected, or in his manner of administering them. He tried opium, though not very extensively, in three classes of cases. The first class included those instances in which typhoid symptoms appeared at an early period of the disease, and were associated with signs of great depression and weakness. Here, a full opiate at bed-time was often extremely useful, particularly in those cases in which delirium continued unabated after the other symptoms had begun to decline. Cases of the second class resembled those instances of typhus fever in which Dr. Graves has been accustomed to administer tartar emetic and opium. They were distinguished by the prominence of the head symptoms, by their early occurrence, and their not being at all mitigated by the full appearance of the eruption. Opium was very useful in some of these cases; on others, apparently, it did not exert the slightest influence. It did not effect more than a very temporary good in cases of the third class; those, namely, in which diarrhœa came on in the progress of the disease.

Anasarca is the only one of the different sequelæ of the affection of which Dr. Kennedy has treated at all at length. He met with it much more frequently during the latter than the earlier part of the epidemic. It usually appeared about the twelfth day of the disease, though occasionally it showed itself sooner, and still oftener at a later period. In those cases where it occurred, the pulse continued quick after the disappearance of the eruption, slight fever was present, and desquamation did not take place. After some days, the child would begin to complain of nausea, with vomiting occurring occasionally for two or three days, and headache of an intermittent character, with which a peculiar sluggishness of the pupils was usually associated. This state of the pupils, too, was very remarkable in some cases where a post-mortem examination failed to detect any morbid condition of the brain. After these symptoms had lasted for some days, the dropsy would begin to make its appearance, sometimes very gradually, the extremities or face being puffy on one day, and of their natural size on the day following; at other times the anasarca came on very suddenly. In one instance it proved fatal in three days, in another seven weeks elapsed from the appearance of the dropsy to the supervention of the first alarming symptoms. In those cases which assumed a serious character, either head symptoms came on, or the chest became affected, or lastly, the patient died without any organ being specially involved. The premonitory head symptoms were much the same with those of ordinary hydrocephalus, but a dilated condition of the pupils came on at a very early period, and coexisted with distinct vision. The breathing was irregular, and the pulse would often fall twenty or thirty beats, and rise again to its former frequency of about 120 in the course of forty-eight hours; always, however, becoming slow when coma or convulsions were about to occur. The cases in which death was ushered in by chest symptoms did not present anything very striking. In cases of the third class, the patients sank under the violence of the febrile symptoms, without special affection of any organ in particular.

The treatment he adopted was strictly antiphlogistic, and included the free use of purgatives, and general or local depletion whenever any cerebral or thoracic complication existed.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 14, 1844.

*Lectures on the Principles and Practice of Physic.**—In calling the attention of the profession to the elegant volume recently published by Lea & Blanchard—the lectures delivered at King's College. London, by Dr. Watson—we do not suppose any one, at all conversant with the medical literature of the day, to be unacquainted with its general character. Dr. Watson delivered these now celebrated lectures during the medical session of 1836 and '37. He says, to fulfil a rash promise, they were printed in the pages of the Medical Gazette. They have been revised by the author, who in looking after errors in type, has carefully looked to any errors in doctrine, and those who now study these erudite productions will have them divested of any objectionable matter that might have formerly crept in through inadvertence. There are ninety lectures, fully written, embracing the whole domain of human maladies, with their treatment, besides an appendix, particularly remarkable for its richness in important practical information. We could not give even a tolerable synopsis of the subjects discussed in this great undertaking, without materially entrenching upon the limits assigned to other matter. Some of the lectures are devoted exclusively to the consideration of principles, while others regard the mode of treating diseases. The causes of disease seem to be a favorite topic, which he leaves with apparent reluctance. On symptoms, which every practitioner will at once admit is all-important, and under no circumstances to be lightly examined, Dr. Watson weighs every thing in a very exact balance; and yet he does not become tedious. Upon the subject of inflammation, the hobby that is generally jaded in the service of medical writers, although examined extensively, he does not assume a dictatorial air, or act soporifically on the student. Open this huge, well-finished volume wherever we may, the eye immediately rests on something that carries its value on its front. We are impressed at once with the strength and depth of the lecturer's views: he gains upon our admiration in proportion to the extent of our acquaintance with his profound researches.

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* Lectures on the Principles and Practice of Physic, delivered at King's College, London, by Thomas Watson, M.D., &c. &c. Lea & Blanchard. Philadelphia: 1844. 8vo. pp. 920.

Sometimes these wholesale commentators weary us with the incessant stream of facts and arguments that come rolling on with an intellectual momentum that could only have been imparted by a mind of great power and originality. Dr. Watson, however, though he strictly belongs to the school of ponderous authors, never tires us with unnecessary wordiness. Whoever owns this book, will have an acknowledged treasure—if the combined wisdom of the highest authorities is appreciated.

Philadelphia Medical Schools—Dr. Pancoast's Introductory Lecture.—Since Philadelphia has become the great medical centre of the Union, it is pleasant to look on calmly and watch the efforts of the different schools of that city. It has been the good fortune of each, to have faculties of great intellectual strength, and consequently there are at times gigantic throes for supremacy. One circumstance, however, redounds to their special honor, viz., the harmony which exists between them. If there is ever a creaking of the machinery, the sound does not reach us in New England. It is fair to conclude, that the whole moves on with regularity, and without any internal friction that endangers the peace or extended usefulness of either school.

Having been favored with the introductory lecture of Dr. Joseph Pancoast, of the Jefferson Medical College, on opening the course of lectures on General, Descriptive and Surgical Anatomy, we were led to the foregoing observations. This discourse, published at the request of the class, is distinguished for plain common sense—and we consider it a compliment to say thus much of any literary undertaking. It is also eminently discreet in its analyses of the labors of the old and some of the modern anatomists and surgeons. Dr. Pancoast evidently understands the true value of an exact knowledge of anatomy, without which no man can safely practise any department of medicine or surgery. His arguments to fix this on the mind of the pupil are evidences of his own superior discipline and critical attainments.

Wishing the College all the advantages resulting from the wide-spreading influence of such a man as the Professor of Anatomy, we recommend the careful reading of this discourse to all who are ambitious to become both eminent and useful in the practice of medicine and surgery.

Sydenham Society.—A very strong association has been recently organized in England, with the above title, in honor of the illustrious physician whose name it bears. It was instituted for the purpose of meeting certain acknowledged deficiencies in existing means for diffusing medical literature, which are not likely to be supplied by the efforts of individuals. Re-prints of standard works, rare and expensive; digests of old voluminous authors; translations from the Greek and Latin, and recent foreign productions, come within the scheme of the Society. An unlimited number of members may belong to it—whose annual subscription is to be one guinea. The anniversary meeting takes place in May, annually. Sir Henry Halford is the president, with a host of local secretaries, sixty in number.

By referring to the advertisement of Dr. Lee, on the last page of the Journal, every essential fact in regard to the Society may be ascertained. We regard it as a most important medico-literary association, and destined to effect great and beneficial results to the onward progress of medical science. Dr. Lee, the American secretary, will attend promptly to the duties of his office, though he receives, we are informed, no pecuniary compensation for his services.

One Hundred and Ninety Cases of Insanity.—From the author, Dr. Samuel Hare, we have received a statistical report of 190 cases of insanity admitted into the Retreat, near Leeds, England, during the years from 1830 to 1840, which may also be found in the Provincial Medical Journal.

Space can hardly be afforded for anything more, at present, than to return the author our thanks for his attentions. Such parts of the report as may appear most striking, will be re-published in the form of extracts, as occasion will permit. We are not willing to admit, however, that the insane, even in England, are managed any better, more humanely, or successfully, than in the United States.

New Books.—Through the politeness of Messrs. Ticknor & Co., Washington street, who have it on sale, we have received a splendid work from Messrs. Lea & Blanchard, Philadelphia, The Anatomy and Surgical Treatment of Abdominal Hernia, with numerous plates, by Sir Astley Cooper.

From Messrs. Saxton & Peirce, Washington street, Magendie's Physiology, fifth edition, enlarged and illustrated with diagrams, by John Revere, M.D., of the University of New York. Also, from the same source, both being from the press of Harper & Brothers, New York, Paris's celebrated Pharmacologia, a new edition, from the 9th London edition, by Charles A. Lee, M.D., of New York. We shall particularly notice these works individually as soon as circumstances will permit.

College of Physicians and Surgeons, New York.—There has been a class of one hundred and eighty-two students attending the medical lectures the present season, and the course has been distinguished for being practically useful to all who have had the good fortune to belong to the school. Dr. Beck and Dr. Parker are men of the highest professional attainments, whose names give character to any institution with which they are associated.

Asylum for the Insane at Hudson, N. Y.—Drs. S. and G. H. White have had a private asylum under their charge at Hudson, since 1830, into which 594 patients have been received, a large proportion of whom have recovered. It is stated that all the *recent* cases during the last year were restored. Twenty-eight patients now remain under treatment. By a law of the State of New York, it is required that in certain cases lunatics shall be sent, within ten days, to the State Lunatic Asylum, or to such public or private asylum as shall be approved by the Supervisors of the County. This Asylum was accordingly visited, in November last, by the Supervisors, who report that it is in all respects a desirable residence for the insane, and "as well worthy the patronage and confidence of the county and the community as any institution."

Pulse of the Insane.—On the subject of the pulse of the insane, to which allusion was made in a recent No. of the Journal, Dr. Woodward, of the Worcester Lunatic Asylum, writes at follows:

"In the month of January my attention was called to the subject of the pulse of the insane. I examined, by the watch, the pulse of 216 insane persons, mostly chronic cases, some of extreme imbecility of body and mind, a few recent cases only. One hundred and ten of these cases were males, and 106 females. The average of the pulse, with the males, was a fraction less than 71; and that of the females was near 72.

"The pulse of persons affected with recent mania is usually accelerated, even when quiet; and often greatly so, when they have been exerting themselves in violent efforts or exercise of any kind. In recent melancholy, where there is much mental distress, the pulse is frequent, though rarely strong. The pulse in mania is deceptive, and often leads physicians to deplete freely, when depletion does harm rather than good. Old demented patients have frequently a very slow pulse. I found a few of the 216 with pulse under 50, and some from 90 to 100. As a test of insanity, the state of the pulse cannot be relied upon; as a guide to the application of remedies, it should be carefully examined when the patient is at rest, and that repeatedly, before its indications can be well ascertained."

Note to the Editor—Anatomical Mistake.—DEAR SIR,—In perusing your Journal of Feb. 1st, which came to hand this evening, I perceive that I am indebted to A. Gibson, for noticing an anatomical blunder in my communication of Dec. 30, 1843, for which the Dr. will recieve my warmest thanks. The error committed by using one term for that of another, is truly, in this instance, a laughable one; but one, I trust, that will be easily imagined, by all who are intimately acquainted with the anatomy of the parts immediately concerned in the operation for inguinal hernia in the different sexes.

I can hardly conceive it necessary for me to refer to the "2nd item" noticed by my friend, for I think the superficial reader, even, would perceive the typographic mistake, and not understand me as saying that I removed the *whole* of the mesentery, or the *whole* of the *omentum;* but the *whole* of that part of the *omentum* which I found filling the canal, and which was confined by adhesion, and which adhesion I resolved should remain unbroken.

The last sentence in Dr. Gibson's communication I consider *ungentlemanly* and *uncourteous*, and shall not, therefore, further notice it.

West Amesbury, Feb. 3d, 1844. Yours truly, BENJ. ATKINSON.

[We presume that Dr. A. means, by "typographic mistake," in the above note, a variation of the printed matter from what he *meant* to write, and not a variation from what he actually did write, for in the latter sense there was certainly no typographical mistake made.—Ed.]

Popular Physiology.—Mr. Editor,—In a few remarks upon Dr. Lane's Physiology which you appended to your own in the Journal of the 1st inst., I had no design of instituting a comparison of its merits with others, which have preceded it. Having never before had occasion to look into a work of this description, I was not aware that any other had been published on a similar plan, that the field was so ably occupied, that a work on physiology was some years ago very carefully and judiciously prepared by Dr. Hayward, of this city, which has been adopted as a text-book in many academies in our own neighborhood and elsewhere. The fact that after passing through several editions, it has been stereotyped, is sufficient, independently of its internal evidence, to show that it is adapted fully to meet the wants of the young. From both these works, so nearly corresponding in their general features, and so well arranged, great good may be anticipated to the community. J. H. D.

Boston, Feb. 7th, 1844.

To Correspondents.—Dr. Dix's paper on Hydrocyanic acid in Ophthalmic Practice, and Dr. Stevens's case of instrumental delivery, will appear next week. —No. 2 of "The White Sulphur Springs," by Dr. Moorman, will have insertion in the succeeding No.

Married,—In Geneva, N. Y., Dr. H. Van Dusen, of Tully, to Mrs. Margaret A. Mann, of Syracuse; Charles S. Duncombe, M.D., of St. Thomas, Canada West, to Miss Susan A. Barker, of Geneva.—W. S. Bright, M.D., of Northumberland county, Penn., to Margaret B. Keller.—In Northampton county, N. C., Dr. William Reins to Miss Ann Eliza Elridge.

Number of deaths in Boston for the week ending Feb. 10, 46.—Males, 20—Females, 26. Stillborn, 1.

Of consumption, 10—erysipelas, 2—lung fever, 4—fever, 1—measles, 3—croup, 2—disease of the lungs, 1—inflammation of the brain, 1—infantile, 2—dropsy, 1—old age, 2—disease of the heart, 1—palsy, 1—accidental, 1—scarlet fever, 2—cancer in the breast, 1—liver complaint, 1—child-bed, 1—sudden, 1—hæmorrhage, 1—worm fever, 1—dropsy on the brain, 1—marasmus, 1—puerperal peritonitis, 1.

Under 5 years, 13—between 5 and 20 years, 5—between 20 and 60 years, 21—over 60 years, 7.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

Jan.	Therm.		Barometer.		Wind.	Jan.	Therm.		Barometer.		Wind.
1	from 24	to 33	from 29.36	to 29.43	N W	17	from 34	to 46	from 28.35	to 28.90	N E
2	23	45	29.48	29.53	N W	18	25	31	28.94	29.18	W
3	26	33	28.98	29.41	N E	19	17	20	29.42	29.52	N W
4	30	33	28.83	28.86	S W	20	-1	8	29.60	29.68	N W
5	13	15	29.16	29.32	N W	21	-3	12	29.58	29.60	N W
6	12	26	29.50	29.58	N W	22	6	25	29.56	29.69	N W
7	18	33	28.13	29.41	S W	23	16	38	29.06	29.49	S W
8	14	21	29.28	29.48	N W	24	34	42	29.03	29.05	S W
9	-6	15	29.49	29.63	N W	25	7	15	29.02	29.06	N W
10	13	31	29.16	29.28	N W	26	-6	3	29.14	29.22	N W
11	4	17	29.74	29.81	N W	27	-6	7	29.41	29.48	N W
12	0	25	29.41	29.68	S W	28	-3	20	29.58	29.63	N W
13	38	40	28.51	29.63	W	29	-2	4	29.44	29.48	N W
14	17	24	29.50	29.56	N W	30	-7	8	29.20	28.30	N W
15	3	36	29.68	29.74	N W	31	-2	2	29.32	29.45	N W
16	21	35	29.26	29.55	NE						

The month of January has been cold, but fine winter weather—the sleighing has been excellent. There has been quite a number of cold days; on Tuesday, the 9th, the thermometer was at 6 below at sunrise; on the six last days of the month, the thermometer was below cypher every morning, and sunk as low as 8 below; on Friday, Saturday and Sunday it stood at 6 below at six o'clock; Friday, Monday and Wednesday, from 8 below to 4 above. It was the coldest week I have ever recorded. Range of the Thermometer, from 8 below to 45 above zero. Barometer, from 28.35 to 29.74. Amount of rain, 3.14 inches. Snow, 13.5 inches.

Remarkable Case of Calculus.—M. Ségalas lately communicated a case to the Academy of Medicine, which tends to show that at present the difficulties of lithotrity are not so much mechanical ones, as difficulties resulting from the complications of the calculous disease.

The head of a respectable family came to Paris, four years ago, to seek advice for hematuria and some other affections of the urinary passages.

M. Récamier, who was first consulted, sounded, to see if there was a stone in the bladder; but instead of a stone he found a fungus. A few days afterwards, M. Ségalas made the same examination with the same result. In consequence of this, medical means alone were employed, and the patient went home, and continued to live there, with nearly the same symptoms. After some time, however, the hematuria, which had hitherto appeared as much when the patient was at rest as under other circumstances, began to come on more especially after exercise, just as if some foreign body had been added to the fungus. The calls to make water became more and more frequent, the pain more and more acute, so that the patient resolved to return to Paris to seek for surgical aid.

M. Ségalas ascertained, by sounding, the presence of a stone in the bladder, and after some days' preparation, considering the good constitution of the patient, and his extreme repugnance to lithotomy, he performed a first *séance* of lithotrity, in the presence of M. Gouraud, the physician who usually attended him. It was very easy, very short, and but little painful. For some time, matters went on perfectly well; but on the sixth day, when straining at stool, the patient was attacked with apoplectic symptoms. These were at first encountered with some appearance of success by MM. Récamier and Gouraud, but they afterwards grew worse, and death took place a week after the attack.

Post-mortem appearances.—The bladder, which was hypertrophied, contained a fungus as large as a walnut, and a heart-shaped stone nearly as big as a hen's egg. This calculus was divided into two large pieces and several small ones. The kidneys were inflamed, particularly the left one, and there was granulated pus upon their surface. There was an extravasation of blood in the right hemisphere of the brain, at the union of the posterior third with the two anterior thirds, besides an hydatic cyst in the corresponding ventricle.

Thus it was possible to begin the operation of lithotrity without difficulty, in spite of the size of the stone, in spite of the presence of a fungus; but even putting aside the apoplexy which carried off the patient, the complications of the calculous disease were of themselves beyond the reach of art.—*Gazette Médicale.*

New Medical Books in London.—An Anatomical Description of the Human Gravid Uterus and its Contents. By the late Dr. William Hunter. Second Edition.—The Medical Student's Guide and Almanac for 1844.—Vols. 1 and 2, and Part 9, of a Dictionary of Practical Medicine. By James Copland, M.D., F.R.S., &c. To be completed in three volumes.—On Ankylosis, or Stiff-Joint: a Practical Treatise on the Contractions and Deformities resulting from Diseases of Joints. By W. J. Little, M.D., Assistant-Physician to London Hospital, &c. &c.; Author of "A Treatise on Club-Foot."—A Practical Treatise on Fractures. By Edward F. Lonsdale, Surgeon.